

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**107589018**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		3		1		
5		4		1		
6		5		1		
7		6		1		
8	1	1	1	1		
9		2		1		
10		3		1		
11		4		1		
12		5		1		
13		6		1		
14		7		1		
15		8		1		
16		9		1		
17		10		1		
18	1	1	1	1		
19		2		1		
20	1	1	1	1		
21	1		1			
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TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	17	←		←
TOTAL CLAIMS			23			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						